02798

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Aschman (Last)

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Aug 25, 1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: R.R.
11. BIRTHPLACE (State or foreign country): Phila Pa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: No Inf
14. MOTHER'S MAIDEN NAME: No Inf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 712-16-5981
17. INFORMANT & ADDRESS: Frank Andress 213 Hollingsworth Mnor Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

154X

Immediate cause (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

Antecedent cause(s) (b) Carcinoma of rectum — 3 years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4-10-51
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of rectum. artificial rectal opening made
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1953, to Mar 31, 1953, that I last saw the deceased alive on 3/30, 1953, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE J Herbert Bates (DEGREE OR TITLE) M.D. ADDRESS Elkton Md DATE SIGNED 3/31/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 4/3/53
NAME OF CEMETERY OR CREMATORY North Cedar Hill Phila, Pa
LOCATION (City, town, or county) (State) Phila Pa

DATE REC'D BY LOCAL REG. Mar 31
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton, Md

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02799

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
LENGTH OF STAY (in this place) 1 hour.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 40

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N.Y. COUNTY Westchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Scarsdale.
STREET ADDRESS (If rural, give location) 57 Tisdale Road.

3. NAME OF DECEASED (Type or Print) (First) FLORENCE (Middle) W (Last) BEARD
4. DATE OF DEATH (Month) 3 (Day) 25 (Year) 1953

5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 12-6-1905
9. AGE last birthday 47 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Syracuse N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward J. Wynkoop M.D.
14. MOTHER'S MAIDEN NAME Florence Miner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Wm R. Beard, Scarsdale, N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816X Immediate cause (a) Fractured Base of skull.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured Cervical vertebrae

(c) Contusions & abrasions legs. Crushed chest left side

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 40 (CITY OR TOWN) Elkton Rural (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 3 (Day) 25 (Year) 53 (Hour) 7 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Car was hit tractor trailer

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE R C Dodson MD (Degree or title) DmE ADDRESS Rising Sun Md. DATE SIGNED 3-25-53

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 3/26/53
NAME OF CEMETERY OR CREMATORY Scarsdale, N.Y.
LOCATION (City, town, or county) (State) Scarsdale N.Y.

DATE REC'D BY LOCAL REG. Mar 26
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippen & Son R.F.A.P. ADDRESS Elkton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 27 1953
BUREAU V. S.

Item 9 FilmG152 3/20/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02800

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY AA
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) (NMI) (Last) BENDA

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married (Sep.)
8. DATE OF BIRTH: Unknown
9. AGE last birthday: ~~Unknown~~ 65? yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
443X Immediate cause	(a) Bronchial Pneumonia	Approx. 2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebrovascular accident	3 weeks
	DUE TO (c) Hypertensive cardiovascular disease	Unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-27, 1953, to 3-13, 1953 ~~[illegible]~~ and that death occurred at 3:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. ADDRESS DATE SIGNED 3-16-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 3-14-53
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR Mar 16 1953
REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg.
24. FUNERAL DIRECTOR Pennington & Son ADDRESS PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

RECEIVED
APR 13 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02801

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~North~~ North East. Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Augustus H. Bischoff
4. DATE OF DEATH: (Month) (Day) (Year) March 22 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: July 17-1883
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Certified public accountant
10b. KIND OF BUSINESS OR INDUSTRY: same
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles H Bischoff
14. MOTHER'S MAIDEN NAME: Elizabeth B Holzerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs Mary C Bischoff. North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 560.4

Immediate cause (a) Gastro intestinal Leonorrhagia — INTERVAL BETWEEN ONSET AND DEATH: 13 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hiatus Hernia — unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic failing myocardium

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1953, to 3/22, 1953, that I last saw the deceased alive on 3-22-, 1953, and that death occurred at 8.55 P.m., from the causes and on the date stated above.

SIGNATURE V. H. McKnight M.D. (DEGREE OR TITLE) ADDRESS Elkton - Maryland DATE SIGNED 3/23/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3-26-53
NAME OF CEMETERY OR CREMATORY Catholic
LOCATION (City, town, or county) Elkton Rural (State) Md

DATE REC'D BY LOCAL REG. Mar 24
REGISTRAR'S SIGNATURE F R Frazier
24. FUNERAL DIRECTOR Joseph R Graus North East ADDRESS Md

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02802

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9r

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; LENGTH OF STAY (in this place) 8 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union ~~Memorial~~ Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun; STREET ADDRESS (If rural give location) (near) Sylmar

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) Robertson (Last) Brown

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/25/85

9. AGE last birthday: 67 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Rising Sun, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: W. T. B. Robertson

14. MOTHER'S MAIDEN NAME: Emmeline Gifford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Howard Brown Rising Sun Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

444X

Immediate cause (a) Malignant Hypertension

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac Asthma

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1953, to 3/22, 1953 that I last saw the deceased alive on 3/22, 1953, and that death occurred at 6.30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. L. Dodson M.D. | ADDRESS Rising Sun Md. | DATE SIGNED 3/23-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3/26/53 | NAME OF CEMETERY OR CREMATORY Brookview Cemetery | LOCATION (City, town, or county) Rising Sun | (State) Md

DATE REC'D BY LOCAL REG. Mar 25 | REGISTRAR'S SIGNATURE A. Frazier

24. FUNERAL DIRECTOR Ralph M Reed | ADDRESS Rising Sun, Md.

RECEIVED
MAR 26 1971
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02803

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point
LENGTH OF STAY (in this place): 1yr.3mo.1day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Ohio — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cleveland
STREET ADDRESS (If rural give location): 308 W. Superior

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) F. (Last) BURKE

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 2, 1886

9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Cleveland, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Pulmonary Tuberculosis, far advanced — Interval Between Onset And Death: 3 years

002X

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Arteriosclerosis, moderately severe — Unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arteriosclerosis, manifested by chronic psychotic state. — Unknown

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-19 ..., 1951, to 3-20, 1953, [redacted] and that death occurred at 1:45 p.m., from the causes and on the date stated above.

SIGNATURE: E. P. BRANNON, M.D. — (Degree or title): Chief, Professional Services, VAH, Perry Point, Md. — ADDRESS — DATE SIGNED: 3-24-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 3-24-53 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: Mar. 25, 1953 — REGISTRAR'S SIGNATURE: Edith M. Dougherty

24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

MAR
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

C 2804

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (In this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 Bow St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 109 Bow St.

3. NAME OF DECEASED (Type or Print) (First) Fred (Middle) (Last) CAMBLIN
4. DATE OF DEATH (Month) 3 (Day) 22 (Year) 1953

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH 9-19-1873
9. AGE last birthday 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired Carpen
10b. KIND OF BUSINESS OR INDUSTRY Boat Builder
11. BIRTHPLACE (State or foreign country) Cecil Co. Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME James Camblin
14. MOTHER'S MAIDEN NAME Anna Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 222-03-0060
17. INFORMANT AND ADDRESS Wm Camblin, 109 Bow St Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Acute coronary disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. E. Dodson (Degree or title) MD D.M.E. ADDRESS Rising Sun Md. DATE SIGNED 3-22-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/25/53
NAME OF CEMETERY OR CREMATORY Bethel Cemetery
LOCATION (City, town, or county) (State) Mt. Chesapeake Cty. Md.

DATE REC'D BY LOCAL REG. Mar 23
REGISTRAR'S SIGNATURE F. N. Frazer
24. FUNERAL DIRECTOR H. W. Pepper & Son Elkton, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 24
BUREAU V. S

02805

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 15

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rising Sun — LENGTH OF STAY (in this place): 60 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rising Sun
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) Walter	(Middle) Merrice	(Last) Cameron Sr.	4. DATE OF DEATH	(Month) March (Day) 17 (Year) 1953
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: June 25 1884	9. AGE last birthday: 68 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Canner	10b. KIND OF BUSINESS OR INDUSTRY: Owner corn cannery	11. BIRTHPLACE (State or foreign country): Elkton Md.	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: Robert T. Cameron	14. MOTHER'S MAIDEN NAME: Emma Scott				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 216-07-7122	17. INFORMANT AND ADDRESS: Walter M. Cameron Jr. Rising Sun, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952, to 3-16, 1953, that I last saw the deceased alive on 3-17, 1953, and that death occurred at 5 P.m., from the causes and on the date stated above.

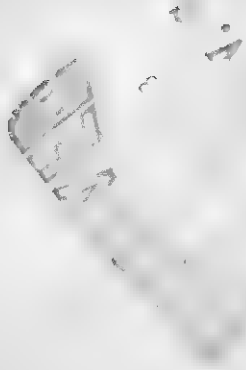
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R C Dodson	MD	Rising Sun Md.	3-18-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: March 20 1953	NAME OF CEMETERY OR CREMATORY: West Nottingham	LOCATION (City, town, or county) (State): Near Colora, Md.
DATE REC'D BY LOCAL REG.: Mch 19-53	REGISTRAR'S SIGNATURE: L M Worthington	24. FUNERAL DIRECTOR: J. Earl Tyson, Rising Sun, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02806

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (In this place) 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) 305 Delaware Street

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) J. (Last) CONWAY

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 1, 1894

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Saw Mill Worker

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchial Pneumonia — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Syphilitic Heart Disease with failure — Approx. 1 year
DUE TO (c) Taboparesis — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-14 ,19 53 , to 3-12 , 1953 , and that death occurred at 8:35 a.m., from the causes and on the date stated above.

SIGNATURE E.P. BRANNON, M.D. (Degree or title) ADDRESS Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED 3-13-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 3-13-53 — NAME OF CEMETERY OR CREMATORY White Haven — LOCATION (City, town, or county) White Haven, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Mar. 13/1953 — REGISTRAR'S SIGNATURE Ida M. Dougherty act Reg.

24. FUNERAL DIRECTOR Frances A Hemsley 578 W Biddle St — ADDRESS HEMSLEY FUN. HOME, 578 W. Biddle St. Balto. Md.

VS. A15

RECEIVED
MAR 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East R.D.2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) D. (Last) Cosser

4. DATE OF DEATH: (Month) 3 (Day) 12 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 16,1873
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipe Maker Ret 30 yrs
10b. KIND OF BUSINESS OR INDUSTRY: Iron
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Cosser
14. MOTHER'S MAIDEN NAME: Ellen Beatty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 213-26-1289
17. INFORMANT & ADDRESS: Lilly M Cosser North East, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
442X Immediate cause	(a) Left cerebral hemorrhage	8 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive Cardiovascular Renal Disease	5 yrs (?)
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Left indirect Inguinal Hernia 5 yrs (?)

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb, 1951, to 12 March, 1953, that I last saw the deceased alive on 12 March, 1953, and that death occurred at 11:50 P.m., from the causes and on the date stated above.

SIGNATURE Klaus H Huebner M.D. (DEGREE OR TITLE) ADDRESS North East Md DATE SIGNED 12 March '53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3-16-1953
NAME OF CEMETERY OR CREMATORY West Nottingham
LOCATION (City, town, or county) (State) Rising Sun Rural, Md

DATE REC'D BY LOCAL REG. Mar 16
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Joseph R Grant ADDRESS North East, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

02808

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 91

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chesapeake City — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chesapeake City.
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Sister Eleutheria
4. DATE OF DEATH (Month) (Day) (Year): March 4 1953
5. SEX: Female
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: August 1885
9. AGE last birthday: 66 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Catholic Nun
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: No Information
14. MOTHER'S MAIDEN NAME: No Information
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: St. Basil Rectory

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary Disease (Thrombosis)	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Aortic Insufficiency	4 years
		Hypertension	4 years
	(c)	Diabetes	4 years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 9, 1949, to March 4, 1953, that I last saw the deceased alive on February 26, 1953, and that death occurred at 10:40 p.m., from the causes and on the date stated above.

SIGNATURE: James L. Johnson — (Degree or title): MD. — ADDRESS: 245 E High St, Elkton Md — DATE SIGNED: March 5, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: March 5, 1953 — NAME OF CEMETERY OR CREMATORY: Removal to Philadelphia — LOCATION (City, town, or county) (State): Pa.
DATE REC'D BY LOCAL REG.: March 6-1953 — REGISTRAR'S SIGNATURE: Mrs. Ralph H. Bell
24. FUNERAL DIRECTOR: H. W. Pippin & Son — ADDRESS: Elkton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

02809

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun, RD
LENGTH OF STAY (In this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Era (Middle) L (Last) Foulkrod
4. DATE OF DEATH (Month) 3 (Day) 7 (Year) 1953

5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 9-27-1885
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Harry T. Reynolds
14. MOTHER'S MAIDEN NAME Anna M. Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Earl Nesbitt, Rising Sun, Md. RD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
163x Immediate cause	(a) Carcinoma of lung	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Influenza	3 Wks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 21, 1953, to Mar. 7, 1953 that I last saw the deceased alive on Mar 7, 1953, and that death occurred at 4.30 P.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS [signature] DATE SIGNED 3/9/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-10-53
NAME OF CEMETERY OR CREMATORY Bayview Cemetery
LOCATION (City, town, or county) North East, RD. (State) Md.

DATE REC'D BY LOCAL REG. 3/9/1953
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAR
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02810

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: CECIL — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): PERRY POINT
LENGTH OF STAY (in this place): 26yrs4mos24days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: PENNSYLVANIA — COUNTY: INDIANA
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): NORTH POINT
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) GROVER (Middle) C. (Last) GAHAGAN

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: November 3,1893

9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEORGE G. GAHAGAN - Deceased

14. MOTHER'S MAIDEN NAME: LORETTA MC HENRY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Cerebral Thrombosis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... DUE TO

(c)

Interval Between Onset And Death: 48 hours

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dementia Praecox, Hebephrenic type — Approx. 26 yrs.

19a. DATE OF OPERATION: 4-22-48

19b. MAJOR FINDINGS OF OPERATION: Bilateral Prefrontal Lobotomy

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 6, 1926, to March 2, 1953, that I last saw the deceased and that death occurred at 10:05 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): E. P. BRANNON, M.D. Chief, Professional Services, VAH, ADDRESS: Perry Point, Md. DATE SIGNED: 3-4-53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 3-4-53 — NAME OF CEMETERY OR CREMATORY: NORTH POINT CEMETERY — LOCATION (City, town, or county) (State): NORTH POINT, INDIANA CO. PA.

DATE REC'D BY LOCAL REGISTRAR: March 4 1953 — REGISTRAR'S SIGNATURE: Ida M. Dougherty act Reg

24. FUNERAL DIRECTOR, ADDRESS: PENNINGTON & SON, HAVRE DE GRACE, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

0-811

Reg. Dist. No. 12

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARSHALL (Middle) Adolf (Last) GESTERUNTZ Jr.

4. DATE OF DEATH: (Month) 3 (Day) 15 (Year) 1953

5. SEX: M. — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single — 8. DATE OF BIRTH: 7-29-1935 — 9. AGE last birthday: 17 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student — 10b. KIND OF BUSINESS OR INDUSTRY: — — 11. BIRTHPLACE (State or foreign country): Lancaster Pa. — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Marshall A. Gesterintz Jr. — 14. MOTHER'S MAIDEN NAME: Anna Maurer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Marshall A. Gesterintz North East Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

935X

Immediate cause (a) Electrocution by Lightening

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office building, etc.) OF INJURY North East River — (CITY OR TOWN) North East — (COUNTY) Cecil — (STATE) Md

TIME OF INJURY (Month) 3 (Day) 15 (Year) 53 (Hour) 7 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Was rowing a boat during storm

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

R.L. Bodkin MD. DME — Rising Sun Md — 3-16-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3-18-1953 — NAME OF CEMETERY OR CREMATORY Hart's Methodist — LOCATION (City, town, or county) North East Rural — (State) Md

DATE REC'D BY LOCAL REG. Mar 18 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

Joseph R. Grant North East Md

V.S. 45A-1

RECEIVED
MAR 23 1953
BUREAU V. S.

02812

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Elkton — LENGTH OF STAY (in this place): about 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 239 East High Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Elkton
STREET ADDRESS (If rural, give location): 239 East High Street

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) C. (Last) Gibson
4. DATE OF DEATH: (Month) 3 (Day) 6 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 13, 1880
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Baltimore County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: No Record
14. MOTHER'S MAIDEN NAME: No Record
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: 239 East High Street, Mr. James H. Collins, Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2

Immediate cause (a) Chronic Myocarditis.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Influenza — 1 wk.

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1953, to March 6, 1953, that I last saw the deceased alive on March 5, 1953, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD. — ADDRESS: 202 E [illegible] St Elkton Md — DATE SIGNED: 3/7/53

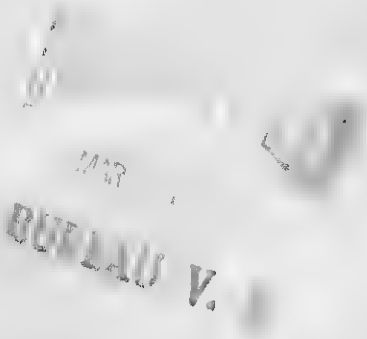
23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3-10-53 — NAME OF CEMETERY OR CREMATORY: Mt. Zoar Cemetery — LOCATION (City, town, or county): Conowingo, (State) Md.

DATE REC'D BY LOCAL REG.: Mar 7 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: [signature] Bullock - Havre de Grace, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


BUFFALO V.

02813

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point, Maryland
LENGTH OF STAY (in this place) 5yr.8mo.27days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ~~Baltimore~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1903 Park Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) (Last) GLAESER

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 15, 1888

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months 3 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Baltimore Transit Company

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN GLAESER Deceased

14. MOTHER'S MAIDEN NAME: MARY SMITH Deceased

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

193x

Immediate cause (a) Bronchopneumonia, right lower lobe — Approx. 2 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Lobar pneumonia, left lower lobe — Same

DUE TO

(c) Brain tumor glioma, left parietal-temporal area — Approx. 7 years

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized, — Unknown

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR? —

22. I hereby certify that I/VA attended the deceased from 6-30, 1947, to 3-28, 1953 ~~[illegible]~~ and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. OPPLER, M.D. Acting Chief, Professional Services, VAH, Perry Point, Md. 3-30-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 3-30-53 — NAME OF CEMETERY OR CREMATORY Louden Park Cemetery — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR Mar 30, 1953 — REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg

24. FUNERAL DIRECTOR WILLIAM COOK Inc., WM Cook Inc ADDRESS 1217 St. Paul Street, Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

1

VS. A15

APR 1 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]2314

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Daniel (Middle) Murray (Last) Henry

4. DATE OF DEATH: (Month) 3 (Day) 27 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-28-1882

9. AGE Last birthday: 70 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Cambridge, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service) WW-1

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Bronchopneumonia	5 days.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Arteriosclerotic heart disease	15 Yeard
	DUE TO Severe Arteriosclerosis	15 yrs.
	(c) Prostatic hyperplasia	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 19 19 50 to 3-27- 19 53, that I last saw the deceased alive on VA, and that death occurred at 11:30 PM, from the causes and on the date stated above.

SIGNATURE F. P. BRANNON (Degree or title) M.D. — ADDRESS Chief Professional Services, VAH, Perry Point, Md. — DATE SIGNED 3-28-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE BURIED: 3-28-53 — NAME OF CEMETERY OR CREMATORY: Silverbrook Cemetery — LOCATION (Town or county) (State): Wilmington, Delaware

DATE REC'D BY LOCAL REGISTRAR: 3-28-53 — REGISTRAR'S SIGNATURE: Ida M. Daughety, Ass't Reg.

24. FUNERAL DIRECTOR: R. ELLIS CLARK, — ADDRESS: EASTON, MARYLAND

VS. A15

APR 1 1953

02815

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elston
LENGTH OF STAY (In this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1209 W. Cold Spring Lane

3. NAME OF DECEASED (Type or Print) (First) THURMAN (Middle) ELLSWORTH (Last) HUDSON
4. DATE OF DEATH (Month) 3 (Day) 16 (Year) 1953

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5-31-1917
9. AGE last birthday 35 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician
10b. KIND OF BUSINESS OR INDUSTRY Electrical work
11. BIRTHPLACE (State or foreign country) Cumberland Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Hudson.
14. MOTHER'S MAIDEN NAME Matilda Kirchner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 219-03-4234
17. INFORMANT AND ADDRESS Ethel Hudson. 1209 W Cold Spring Lane Baltimore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816X Immediate cause (a) Compound Fracture of skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed Chest Fractured ribs & jaw.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 40
(CITY OR TOWN) East of North East (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 3 (Day) 16 (Year) 53 (Hour) 6.30 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Driver of car which Ran under rear of truck.

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE R C Dodson (Degree or title) M.D. D.M.E. ADDRESS Rising Sun Md. DATE SIGNED 3-16-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar 19/53
NAME OF CEMETERY OR CREMATORY Meadowridge
LOCATION (City, town, or county) Wash. Blvd, Md (State)

DATE REC'D BY LOCAL REG. 3/17/53
REGISTRAR'S SIGNATURE W W Hodgins
24. FUNERAL DIRECTOR Austin E. Donovan - 3818 Roland Ave. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Item 21e by phone from State Police - 4-14-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02816

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Deposit
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Deposit
STREET ADDRESS (If rural give location) 104 N. Main St

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) A. (Last) Jackson

4. DATE OF DEATH: (Month) 3 - (Day) 4 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 15, 1885
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Murphy
14. MOTHER'S MAIDEN NAME: Hannah J. Hickey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Everett H. Jackson, Port Deposit, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X
Immediate cause (a) DUE TO Hypertensive Cardiovascular Renal disease — Interval Between Onset And Death 8-10 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Myocarditis c̄ Chronic Passive Congestion — 4 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma — 10-20 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-28, 1953, to 3-4, 1953, that I last saw the deceased alive on 3-4, 1953, and that death occurred at 2:30 Pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. H. Richards Jr. M.D. ADDRESS Port Deposit Md DATE SIGNED 3-6-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-7-1953
NAME OF CEMETERY OR CREMATORY Hopewell
LOCATION (City, town, or county) Port Deposit, Md. (State) Rural

DATE REC'D BY LOCAL REGISTRAR March 6, 1953
REGISTRAR'S SIGNATURE Ida M. Dougherty act Rec
24. FUNERAL DIRECTOR Lewis A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10
BU

02817

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) 8 hours	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital	STREET ADDRESS (If rural, give location) 3209 Harnell Ave.

3. NAME OF DECEASED (Type or Print) (First) Ralph (Middle) E (Last) Kendall			4. DATE OF DEATH (Month) 3 (Day) 7 (Year) 1953	
5. SEX M.	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-19-1877	9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boat Captain	10b. KIND OF BUSINESS OR INDUSTRY Steamboat		11. BIRTHPLACE (State or foreign country) Rock Hall Md.	12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Asa Kendall.			14. MOTHER'S MAIDEN NAME Mary V. Crouch.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS Mrs Florence Kendall 3209 Harnell Ave Balto	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R C Dodson	MD DME	Rising Sun Md	3-7-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 3/10/53	NAME OF CEMETERY OR CREMATORY Moreland Mem. Cem.	LOCATION (City, town, or county) (State) Balto. Md.
DATE REC'D BY LOCAL REG. 3/9/53	REGISTRAR'S SIGNATURE A W Hedrick	24. FUNERAL DIRECTOR Paul A. Heemann 6067 Harford R.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 1 Wk.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location) Bohemia Ave.

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Wirt (Last) Kibler
4. DATE OF DEATH: (Month) Mar. (Day) 2 (Year) 1953
5. SEX: M.
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.
8. DATE OF BIRTH: May 16 / 1879
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retd Farmer Owner
10b. KIND OF BUSINESS OR INDUSTRY: Farmer.
11. BIRTHPLACE (State or foreign country): Cecil Co. Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George W. Kibler
14. MOTHER'S MAIDEN NAME: Lydia E. Cavender
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Miss Evelyn Kibler Ches. City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
442x
Immediate cause (a) Cardiovascular renal disease — INTERVAL BETWEEN ONSET AND DEATH: 6 months
DUE TO
Antecedent cause(s) (b) Chronic nephritis — 1 week
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1952 to March 2, 1953, that I last saw the deceased alive on March 2, 1953, and that death occurred at 4.15 p.m., from the causes and on the date stated above.
SIGNATURE Henry V Dons (DEGREE OR TITLE) M.D. ADDRESS Chesapeake City Md DATE SIGNED 3/4/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 3/5/53 NAME OF CEMETERY OR CREMATORY Bethel LOCATION (City, town, or county) (State) Near Chesapeake City Md
DATE REC'D BY LOCAL REG. Mar 5 REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8/51

RECEIVED
APR 11 - 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02819

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 3 mo. 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 809 - 10th St., N.E.

3. NAME OF DECEASED (Type or Print): (First) MASSIE (Middle) S. (Last) LEEBRICK

4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 10-2-1895

9. AGE last birthday: 57 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Painter & Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Self-employed

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Leslie Leebrick - Deceased

14. MOTHER'S MAIDEN NAME: Nena Belle Woods - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150X

Immediate cause (a) Carcinoma of Esophagus DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... DUE TO

(c)

Interval Between Onset And Death: Approx. 8 month

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Operation: 2/2/53 Vetzel gastrostomy.

19a. DATE OF OPERATION: 1-19-53

19b. MAJOR FINDINGS OF OPERATION: Transthoracic resection of middle third of esophagus with insertion of Berman plastic tube.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 12-3 ,1952 , to 3-6 , 1953 [illegible] and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. 3-9-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 3-7-53

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR: Mar. 9 1953

REGISTRAR'S SIGNATURE: Ida M. Brantley act'g Reg.

24. FUNERAL DIRECTOR ADDRESS: Pennington & Son

PENNINGTON & SON, Havre de Grace, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02820

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union ~~Memorial~~ Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
~~STATE~~ Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Lou (Middle) Ann (Last) Loller

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1953

5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant
8. DATE OF BIRTH: March 7, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Loller
14. MOTHER'S MAIDEN NAME: Grace Marie Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Henry Loller - Cecilton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 3[illegible]4

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Mongolian idiot	4 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c) Intestinal hemorrhage	4 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 7, 1953, to March 12, 1953, that I last saw the deceased alive on March 11, 1953, and that death occurred at 4.15 A.m., from the causes and on the date stated above.

SIGNATURE Henry N Davis (DEGREE OR TITLE) MSD ADDRESS Chesapeake City Md DATE SIGNED 3/12/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Mar. 14, 1953
NAME OF CEMETERY OR CREMATORY Cecilton. Cem.
LOCATION (City, town, or county) Cecilton (State) Md.
DATE REC'D BY LOCAL REG. Mar 17
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md

2033302404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 19 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02821

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point
LENGTH OF STAY (in this place): 19yrs.8mo.14days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 3101 Windsor Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Edward	Everett	Marshall	3	7	19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If UNDER 1 YEAR: Months / Days	If UNDER 24 HRS.: Hours / Min.
Male	White	Widower	November 27, 1890	62 yrs.	3 / 8	

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	Unknown	Jeannette, Pennsylvania	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert Marshall	Emma (Maiden name unknown)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	WWI	None	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
162X Immediate cause	(a) Bronchial Pneumonia	3 Days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Metastatic Carcinoma with Probable Primary in Left Lung.	Unknown
	(c) Generalized Arteriosclerosis	15 Years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
VA m.		

22. I hereby certify that I attended the deceased from June 21, 1933, to March 7, 1953, that I last saw the deceased alive on ////////// and that death occurred at 6:00 pm, from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: Chief Professional Services, VAH, Perry Point, Md. DATE SIGNED: 3-8-53

E. P. BRANNON, M.D.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	3-8-53	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 9 1953	Ida M. Daughaday Asst Reg.	[illegible]	Havre de Grace, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo Rural
LENGTH OF STAY (In this place) 4 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Betty (Middle) MARIE (Last) McGlothlin
4. DATE OF DEATH (Month) 3 (Day) 3 (Year) 1953
5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 10-6-1952
9. AGE last birthday yrs. If under 1 year Months 4 Days 27 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Havre de Grace - Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Hassel McGlothlin
14. MOTHER'S MAIDEN NAME Carole Jean Reeves.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Hassel McGlothlin, Conowingo Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

773.0 Immediate cause (a) Convulsions

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Dehydration

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy [ ], Inspection [X] Inquiry [X] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X] accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE R C Dodson HW (Degree or title) DME ADDRESS Rising Sun Md DATE SIGNED 3-3-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar 5 1953
NAME OF CEMETERY OR CREMATORY Harmony Chapel
LOCATION (City, town, or county) (State) Conowingo Md.

DATE REC'D BY LOCAL REG. Mch 5-1953
REGISTRAR'S SIGNATURE L M Worthington
24. FUNERAL DIRECTOR J. E. Tyson. ADDRESS Rising Sun Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

ITEM 12: film G154 5-12-53 LL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]2823

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Indiana COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Terre Haute
STREET ADDRESS (If rural give location) 1015 South 22nd Street

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) F. (Last) MORAN

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 24, 1872

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Nurse

10b. KIND OF BUSINESS OR INDUSTRY: Army Nurse Corps

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? ~~Foreign~~ US.

13. FATHER'S NAME: John Nolan - Deceased

14. MOTHER'S MAIDEN NAME: Ann Kelly - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

62 X

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: Immediate

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Cystitis — Approx. 2 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arteriosclerosis with senile psychosis — Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-12, 1953, to 3-16, 1953, ~~[illegible]~~ and that death occurred at 7:05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) E.P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. ADDRESS DATE SIGNED 3-17-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF 3-17-53

NAME OF CEMETERY OR CREMATORY Unknown

LOCATION (City, town, or county) (State) Bellevue, Ohio

DATE REC'D BY LOCAL REGISTRAR Mar 17 1953

REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg.

24. FUNERAL DIRECTOR Pennington & Son

ADDRESS PENNINGTON & SON, Havre de Grace, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (2824

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria
STREET ADDRESS (If rural give location) 604 Bashford Lane

3. NAME OF DECEASED: (Type or Print) (First) ISAAC (Middle) (NMI) (Last) NEWTON
4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: January 6, 1894
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Foreman - Meat Market
10b. KIND OF BUSINESS OR INDUSTRY: Military District of Washington
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac Newton - Deceased
14. MOTHER'S MAIDEN NAME: Adelaide Cox - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY No.: 579-01-6722
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
20 X Immediate cause	(a) Myocardial infarction acute	10 minutes
	DUE TO Coronary Artery Disease	1 year
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Arteriosclerosis of the Aorta	Unknown
	DUE TO (c) Diabetes Mellitus	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
INJURY OCCURED While at Work [ ] Not While At Work [ ]
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-20 ,1953 , to 3-10 , 1953 , that I last saw the deceased and that death occurred at 6:30 p.m. , from the causes and on the date stated above.
SIGNATURE (Degree or title) E.P. BRANNON, M.D. Chief, Professional Services
ADDRESS VAH, Perry Point, Md.
DATE SIGNED 3-11-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 3-11-53
NAME OF CEMETERY OR CREMATORY Oak Hill
LOCATION (City, town, or county) (State) Fredericksburg, Va.
DATE REC'D BY LOCAL REGISTRAR Mar 11, 1953
REGISTRAR'S SIGNATURE Ida M. Dougherty act Reg.
24. FUNERAL DIRECTOR ADDRESS Pennington & Son
PENNINGTON & SON, Havre de Grace, Md.

VS. A15

MAR 16
U.S.

02325

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 91

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City — LENGTH OF STAY (In this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) L (Last) PATTERSON
4. DATE OF DEATH: (Month) 3 (Day) 12 (Year) 1953
5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 6-5-1881
9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Philadelphia Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Frank Buob
14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Leon D. Carlton, Chesapeake City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Rt. Hemiplegia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R. L. Dodson MD (Degree or title) DME — ADDRESS: Rising Sun Md. — DATE SIGNED: 3-13-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3/15/53 — NAME OF CEMETERY OR CREMATORY: Bethel Cemetery — LOCATION (City, town, or county) (State): Nr. Chesapeake City Md.

DATE REC'D BY LOCAL REG.: ~~Mar 13-1953~~ — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: H. W. Pippin & Son, D.S. — ADDRESS: Elkton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

02826

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 202 Park Way Apt

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 202 Park Way Apt.

3. NAME OF DECEASED (Type or Print) (First) SAMUEL (Middle) POWELL (Last) PEACOCK
4. DATE OF DEATH (Month) 3 (Day) 12 (Year) 1953
5. SEX M.
6. COLOR OR RACE Nute
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 10-2-1874
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horse Trainer
10b. KIND OF BUSINESS OR INDUSTRY Race Horses
11. BIRTHPLACE (State or foreign country) Millinton Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Caleb Peacock.
14. MOTHER'S MAIDEN NAME Lucinda Green.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Emma M Peacock, Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

177X Immediate cause (a) Carcinoma Prostate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dockson MD (Degree or title) DME ADDRESS Rising Sun Md DATE SIGNED 3-13-53

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF 3/15/53
NAME OF CEMETERY OR CREMATORY Grace Lawn
LOCATION (City, town, or county) Nr. Wilmington (State) Del.

DATE REC'D BY LOCAL REG. Mar 13
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS Elkton, Md

P.D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MAR 16 1933

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 07827 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—1

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Port Deposit, Rural
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit, Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Clifford (Middle) James (Last) Rutter

4. DATE OF DEATH: (Month) 3 (Day) 5 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 1-13-1871

9. AGE Last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: House

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Rutter

14. MOTHER'S MAIDEN NAME: Caroline Canada

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Curtis Rutter, Perry Point, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Cerebral Sclerosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-Sclerosis

DUE TO

(c)

Interval Between Onset And Death: 5 yrs 8 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1948, to March 3, 1953, that I last saw the deceased alive on March 3 1953, and that death occurred at 8.30 PM, from the causes and on the date stated above.

SIGNATURE Clarence J. Benson (Degree or title) M.D. ADDRESS Port Deposit Md. DATE SIGNED 3/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3-8-1953

NAME OF CEMETERY OR CREMATORY Idlewell

LOCATION (City, town, or county) Port Deposit, Md. Cecil (State)

DATE REC'D BY LOCAL REGISTRAR March 7 1953

REGISTRAR'S SIGNATURE Ida M. Dougherty act Reg.

24. FUNERAL DIRECTOR ADDRESS Lee A. Patterson & Son Perryville, Md.

RECEIVED
MAR 10 1953
BUREAU W

ITEM 9 - Film G 153 4-14-53 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02328

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON
LENGTH OF STAY (in this place) 3days
HOSPITAL OR INSTITUTION OR STREET ADDRESS UNION HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Phillip B. Sapp

4. DATE OF DEATH: (Month) (Day) (Year) 3 - 29 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE (MARRIED) WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: May 29, 1893
9. AGE last birthday: 164 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Hardware Store
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin H Sapp
14. MOTHER'S MAIDEN NAME: Jennie Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: 218-01-1353
17. INFORMANT & ADDRESS: Mrs Phillip B. Sapp North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.0

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	3 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic Heart Disease	5 yrs.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Left indirect Ing. Hernia — 10 yrs.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May, 1946, to 29 March, 1953, that I last saw the deceased alive on 28 March, 1953, and that death occurred at 2:50 A.m., from the causes and on the date stated above.

SIGNATURE Klaus H Thielmer (DEGREE OR TITLE) M.D. ADDRESS North East Md DATE SIGNED 30 March '53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 4-1-53
NAME OF CEMETERY OR CREMATORY Charlestown
LOCATION (City, town, or county) (State) Charlestown, Cecil Co., Md

DATE REC'D BY LOCAL REG. Mar 30
REGISTRAR'S SIGNATURE R Frazer
24. FUNERAL DIRECTOR Joseph R. Grant ADDRESS North East, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 3-51

02829

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Allston
LENGTH OF STAY (In this place) 8 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Mar. Park.
STREET ADDRESS (If rural, give location) 5915 Namkagan Road.

3. NAME OF DECEASED (Type or Print) (First) ANNA (Middle) J. (Last) SCHREINER
4. DATE OF DEATH (Month) 3 (Day) 24 (Year) 53

5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8-19-1883
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm. D. Jack.
14. MOTHER'S MAIDEN NAME Ida D. Chappell.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Luther E. Schreiner 5915 Namkagan Rd. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture rib 9th L Side & contusions (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Route 40
(CITY OR TOWN) North East. (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 3 (Day) 20 (Year) 53 (Hour) 8:00 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto ran into rear of another car.

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE R. L. Dodson MD (Degree or title) DME
ADDRESS Rising Sun Md.
DATE SIGNED 3/24-53

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 3-24-53
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. Mar 24
REGISTRAR'S SIGNATURE F. H. Frazer
24. FUNERAL DIRECTOR S. H. Hines Co. 2901 14th st N.W. Washington D.C.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (2530)

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point,
LENGTH OF STAY (in this place): 2yr.19days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE: North Carolina — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lakedale
STREET ADDRESS (If rural give location): None

3. NAME OF DECEASED: (First) MARION (Middle) L. (Last) STEPHENS
4. DATE OF DEATH: (Month) March (Day) 25 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-29-1924
9. AGE last birthday: 28 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Textile Mill Worker
10b. KIND OF BUSINESS OR INDUSTRY: Textile Factory
11. BIRTHPLACE (State or foreign country): Dillon, S. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: L. R. Stephens
14. MOTHER'S MAIDEN NAME: Mary Stephens

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis, with hemorrhage,
DUE TO far advanced

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

Interval Between Onset And Death: Approx. 6 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenic reaction, paranoid type, chronic — Unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-6 ,19 51, to 3-25 , 19 53, [redacted] and that death occurred at 2:45 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title): E. P. BRANNON, M.D. Chief, Professional Services, VAH
ADDRESS: Perry Point, Md.
DATE SIGNED: 3-26-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 3-25-53
NAME OF CEMETERY OR CREMATORY: Unknown
LOCATION (City, town, or county) (State): St. Pauls, N.C.

DATE REC'D BY LOCAL REGISTRAR: Mar 26, 1953
REGISTRAR'S SIGNATURE: Ida M Daugherty act Reg.
24. FUNERAL DIRECTOR: Pennington & Son
ADDRESS: Havre de Grace, Md.

VS. A15

RECEIVED
MAR 30
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02531

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 344 W. Main St.

3. NAME OF DECEASED (Type or Print) (First) MICHAEL (Middle) (Last) TRAURIG
4. DATE OF DEATH (Month) 3 (Day) 11 (Year) 1953

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 10-12-1948
9. AGE last birthday 4 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Elkton Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Adolph F. Traurig
14. MOTHER'S MAIDEN NAME Anna May Murphy.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Adolph Traurig, Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushed skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Alley, (CITY OR TOWN) Elkton (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 3 (Day) 11 (Year) 53 (Hour) 11:45 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Truck backed over his head

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE R C Dodson (Degree or title) MD DME ADDRESS Rising Sun Md DATE SIGNED 3-12-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/13/53
NAME OF CEMETERY OR CREMATORY New Catholic Cem
LOCATION (City, town, or county) Nr. Elkton (State) Md.

DATE REC'D BY LOCAL REG. Mar 12
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H. W. Pippin & Son, ADDRESS Elkton, Md
D.G.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1/3

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 032332

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 416 8-51

1. PLACE OF DEATH:

COUNTY: CECIL — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKTON

LENGTH OF STAY (in this place): 3 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md — COUNTY: CECIL

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BAY VIEW

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) M (Last) TRIMBLE

4. DATE OF DEATH: (Month) 3 (Day) 8 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: 1-25-1879

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STOREKEEPER

10b. KIND OF BUSINESS OR INDUSTRY: GROCERY RETAIL

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES D. TRIMBLE

14. MOTHER'S MAIDEN NAME: MARY BROWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Robert M Trimble North East RD2 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Uremia	24 Hours
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Hypertensive Cardiovascular Renal Disease	1 yr ?
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

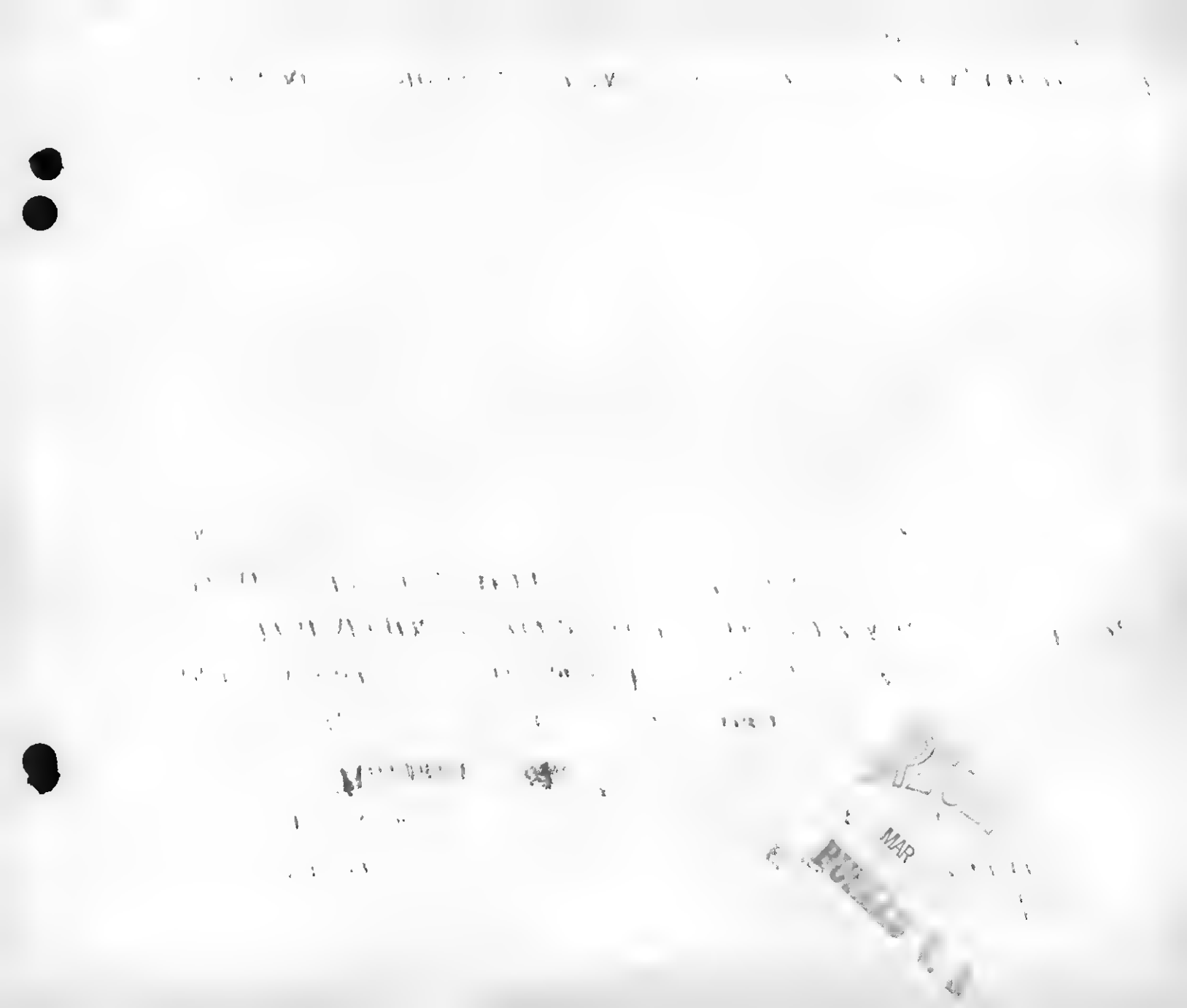
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan, 1952, to 8 March, 1953, that I last saw the deceased alive on 8 March, 1953, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE: Hans H Hausner — (DEGREE OR TITLE) M.D. — ADDRESS North East, Md — DATE SIGNED 9 March '53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	3-11-1953	ZION PRESBYTERIAN	ZION, CECIL CO. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 11	J R Frazer	Joseph R Grant	North East Md



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 90

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fredericktown
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) UNKNOWN (Middle) BABY (Last)

4. DATE OF DEATH: (Month) March (Day) 8 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH

9. AGE last birthday yrs. If under 1 year: Months | Days | If under 24 hrs: Hours | Mins. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.*

SIGNATURE William Howard (Degree or title) ADDRESS 700 Fleet Street, Baltimore, Md. DATE SIGNED 3/9/53

23. BURIAL, CREMATION REMOVAL (Specify) Cremated | DATE THEREOF 3-9-53 | NAME OF CEMETERY OR CREMATORY Morgue | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 3-7-53 | REGISTRAR'S SIGNATURE Mrs. R. M. Chaney Jr. | 24. FUNERAL DIRECTOR ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]334

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point; LENGTH OF STAY (in this place) 7 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY [illegible]; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LEON (Middle) H. (Last) VAN ORMAN

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 9, 1894

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Kitchen Helper

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry R. Van Orman - Deceased

14. MOTHER'S MAIDEN NAME: Anida Ross - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 220 18 7667

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44.3X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 2½ weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertensive cardiovascular disease — Unknown

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) VA m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-9 ,19 53 , to 3-16 , 19 53, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

SIGNATURE E. P. BRANNON, M.D. (Degree or title) Chief, Professional Services, VAH ADDRESS Perry Point, Md. DATE SIGNED 3-19-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal; DATE THEREOF 3-18-53; NAME OF CEMETERY OR CREMATORY Baltimore National; LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REGISTRAR May 20, 1953; REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg.

24. FUNERAL DIRECTOR Pennington & Son ADDRESS PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
MAR 24 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1953)

CERTIFICATE OF DEATH

Reg. Dist. No. 90 ...

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. No correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Rural Earleville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Earleville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) H. (Last) Vigle

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 22, 1870

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farm Labor

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Samuel Ruling Vigle

14. MOTHER'S MAIDEN NAME: Anna Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs I.B. Purse Earleville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X
Immediate cause (a) Chronic hypertension — Interval Between Onset And Death: 1 yrs.
DUE TO

Antecedent causes (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. Chronic myocarditis — 1 yrs.
DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 30, 1952, to Mar 31, 1953, that I last saw the deceased alive on Mar 30 1953, and that death occurred at 4:20 AM, from the causes and on the date stated above.

SIGNATURE Allan R. Crubbs (Degree or title) M.D. ADDRESS Middletown DATE SIGNED Apr 3-31-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF April 3 1953 — NAME OF CEMETERY OR CREMATORY Galena Cem. — LOCATION (City, town, or county) Galena (State) Md.

DATE REC'D BY LOCAL REGISTRAR Apr 1-53 — REGISTRAR'S SIGNATURE Mrs Harvey W. Cheyney

24. FUNERAL DIRECTOR Edward Fellows. ADDRESS Millington Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02336

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 4yrs.23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural give location): 314 Pine

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) (NMI) (Last) Waters

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: June 18, 1890

9. AGE last birthday: 62 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Waiter

10b. KIND OF BUSINESS OR INDUSTRY: Hotel

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles R. Waters - Deceased

14. MOTHER'S MAIDEN NAME: Mary B. Waters

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
442 X Immediate cause	(a) Uremia	48 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Nephrosclerosis, Arteriosclerotic	Unknown
	DUE TO (c) Hypertensive Cardiovascular Disease	18 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis, cerebral, manifested by psychotic reaction, with confusion, disorientation and confabulation.	12 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

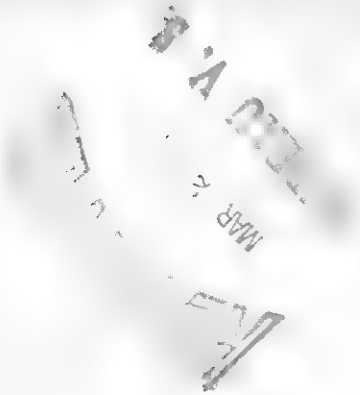
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-21 ,1949 , to 3-16 , 1953 , that I last saw the deceased xxxx



02837

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 15

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural
LENGTH OF STAY (In this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) EMORY (Middle) CARROLL (Last) WELSH.
4. DATE OF DEATH (Month) 3 (Day) 16 (Year) 1953
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1-28-1881
9. AGE last birthday 72. yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY U.S. Gov.
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Randolph Welsh.
14. MOTHER'S MAIDEN NAME Ida Loane.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Florence W Welsh Rising Sun R.D. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

427.1 Immediate cause (a) Arteriosclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R L Dodson MD DME (Degree or title) ADDRESS Rising Sun Md DATE SIGNED 3-16-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-18-53
NAME OF CEMETERY OR CREMATORY Hopewell Cemetery
LOCATION (City, town, or county) (State) Port Deposit, Maryland
DATE REC'D BY LOCAL REG. Mch 16-5-3
REGISTRAR'S SIGNATURE L M W Whinington
24. FUNERAL DIRECTOR Lee A. Patterson & Son, ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02838

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
LENGTH OF STAY (in this place) 16 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 266 n. M ein St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
STREET ADDRESS (If rural give location) 266 N. Main

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Pauline (Last) Wheeler

4. DATE OF DEATH: (Month) 3 (Day) 19 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 11-22-1875

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Agustus Bowersox

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Charles E. Grove, Port Deposit, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X
Immediate cause (a) Cerebro Vascular Accident — Interval Between Onset And Death: 72 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive Cardio-Vascular disease — 45 yrs.
DUE TO (c) Arterio-Sclerosis & Senility.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Blind — 10 yrs.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-3, 1952 to 3-19, 1953, that I last saw the deceased alive on 3-18, 1953, and that death occurred at 3:00 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. Port Deposit, Md 3-19-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3-21-1953 — NAME OF CEMETERY OR CREMATORY Sadlers — LOCATION (City, town, or county) (State) Stewartstown, York Co. Pa

DATE REC'D BY LOCAL REGISTRAR Mar 20 1953 — REGISTRAR'S SIGNATURE Ida M Daugherty act Reg.

24. FUNERAL DIRECTOR ADDRESS W. A. Patterson & Son. Perryville, Md.

RECEIVED
MAR 24 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02839

CERTIFICATE OF DEATH

Reg. Dist. No. 90

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ceciltón | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ceciltón
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) (Last) WHITLOCK

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 1953

5. SEX: M. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Jan. 31, 1897 | 9. AGE last birthday: 56 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farm Laborer | 10b. KIND OF BUSINESS OR INDUSTRY: Farming | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Henry | 14. MOTHER'S MAIDEN NAME: Susie E. Chambers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT & ADDRESS: Mrs. Sophie Whitlock, Ceciltón, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4/10X

Immediate cause (a) Old Rheumatic Heart Disease — Interval Between Onset And Death: 7-20 yrs.

DUE TO with mitral stenosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Terminal - Acute Pulmon Congestion — 5 days.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 19 45, to 3/29/53 19....., that I last saw the deceased alive on 3/28/53 19....., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Walter R. Lee (Degree or title) M.D. ADDRESS Middletown Del. DATE SIGNED 3/31/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF April 1 1953 | NAME OF CEMETERY OR CREMATORY Ceciltón Cem. | LOCATION (City, town, or county) Ceciltón (State) Md.

DATE REC'D BY LOCAL REGISTRAR Apr 1-4-53 | REGISTRAR'S SIGNATURE Mr. Harold W Cheyney | 24. FUNERAL DIRECTOR Edward Fellows | ADDRESS Millington Md.

RECEIVED
APR 2 1953
BUREAU V. S.